

In the United States Patent and Trademark Office

Mailed 12-27-01

Box Patent Application

Assistant Commissioner for Patents
Washington, District of Columbia 20231

Sir:

Please file the following enclosed patent application papers:

Applicant #1, Name: HOWARD KAPPLE

Applicant #2, Name: _____

Title: PRECISION AID.

- Specification, Claims, and Abstract: Nr. of Sheets 7
- Declaration: Date Signed: _____
- Drawing(s): Nr. of Sheets Enc.: Formal: _____ Informal: 4
- Small Entity Declaration of Inventor(s) SED of Non-Inventor / Assignee / Licensee
- Assignment enclosed with cover sheet and recordal fee; please record and return.
- Check for \$ 370⁰⁰ for: Basic Utility Appn. Fee.
- \$ _____ for filing fee (not more than three independent claims and twenty total claims are presented).
- \$ _____ additional if Assignment is enclosed for recordal.
- Information Disclosure Statement, Form PTO-1449, and listed references.
- Disclosure Document Program reference letter.
- Pursuant to 35 U.S.C. §119(e)(i), applicant(s) claim priority of Provisional Patent Application Ser. Nr. _____ filed _____.
- Return Receipt Postcard Addressed to Applicant #1.
- Request Under MPEP § 707.07(j): The undersigned, a pro se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

Very respectfully,

Applicant #1 Signature

Applicant #2 Signature

1927 Fairmeadows Dr.
Address (Send Correspondence Here)

Address

Bettendorf, Iowa 52722

Express Mail Label #

; Date of Deposit 199 _____

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Box Patent Application
Assistant Commissioner for Patents
Washington, District of Columbia 20231

A

First-Named Applicant

Title of Invention:

Total Payment Enclosed (From Calculation Below): \$

370⁰⁰ Check Money Order

Check #3033

Sir:

Enclosed is the following small entity filing fee for the above patent application:

<u>Fee Code</u>	<u>Fee Description</u>	<u>Fee (\$)</u>
214	Provisional Pat. Appn. Filing Fee	_____
201	Basic Utility Appn. Filing Fee	<u>370.00</u>
206	Basic Design Appn. Filing Fee	_____
	Subtotal (1)	_____
203	Total Claims: _____ - 20 = _____ ; X _____ (fee for each claim over 20) = _____	_____
202	Tot. Indep. Claims _____ - 3 = _____ ; X _____ (fee for each indep. claim over 3) = _____	_____
	Subtotal (2)	_____
Total Payment Enclosed [Sum of Subtotals (1) and (2)]		<u>370⁰⁰</u>

Very respectfully,

Signature of First-Named Applicant

Howard Kapple
Print Name of First-Named Applicant

1927 Fairmeadows Dr. Bettendorf Iowa 52722
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HOWARD KAPPEL
1927 FAIRMEADOWS DR.
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